Application Data Sheet

Application Information	
Application number::	
Filing Date::	
Application Type::	Non-provisional
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	•
Title::	SYSTEM AND METHOD FOR DIGITIZING A PATTERN
Attorney Docket Number::	32798-2002
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggested Drawing Figure:	1
Total Drawing Sheets::	47
Small Entity?::	No ·

1. Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full capacity

Given Name: John

Family Name: Amico

Name Suffix:

City of Residence:: Bronxville

State or Province of Residence:: New York

Country or Residence:: United States

Street of mailing address:: 12 Hilltop Road

City of mailing address:: Bronxville

State or Province of mailing address:: New York

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 10708

2. Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full capacity

Given Name: Carmelo

Family Name: Sberna

Name Suffix:

City of Residence:: Bronxville

State or Province of Residence:: New York

Country or Residence:: United States

Street of mailing address:: 7 Colonial Road

City of mailing address:: Bronxville

State or Province of mailing address:: New York

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 10708

Correspondence Information

Correspondence Customer Number:: 33721

Name:: TORYS LLP

Street of mailing address:: 79 Wellington Street West, Suite 3000

City of mailing address:: Toronto

State or Province of mailing address: Ontario

Country of mailing address: Canada

Postal or Zip Code of mailing address:: M5K 1N2

Phone number:: 416.865.0040

Fax Number:: 416.865.7380

E-Mail address:: tchan@torys.com

Representative Information

Representative Customer Number::

Domestic Priority Information			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	non-provisional of	60/525,137	11/28/2003

Flor, Alvine

Full Name:

Scott D. Bates

Last Name:

Bates

First Name:

Scott

Job Title:

Associate Counsel and Corporate Secretary

Company:

Royal Group Technologies Limited

Business Address:

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